

## MDPB Minutes April 19, 2000

Members present: E. Smith, J. Burton, P. Liebow, S. Diaz, K. Kendall

MEMS Staff: J. Bradshaw

Regional Coordinators: J. LeBrun, B. Zito, T. Lonchena

Guests: D. Palladino, J. Regis, S. Wardwell, B. Dunwoody, J. Fields, N. Dinerman, T. Judge, F. Keslof, K. McDonald, J. Conley

Item	Discussion	Action	Follow-up
Previous minutes: 3/15/00	None	Adopted	None
Old Business	I. Discussed revision of wording in protocol regarding viagra use within 24 hours.	I. Motion to amend protocol to state “do not give nitroglycerin to patients within 24 hours of use of Viagra.” Change from previous medical control discussion. Motion by Liebow, 2 <sup>nd</sup> by Diaz: 6 in favor of adopting revision, none opposed.	I. Bradshaw and Burton will send out note to services and ED’s to indicate change. Subsequent revision of protocols will reflect change.
I. Viagra statement in chest pain protocol			
II. Enhanced EMTI	II. Program and state implementation reviewed by MDPB with no significant amendments or concerns. ALS backup activation and CQI reviewed. Discussion regarding the adoption of the “enhanced” emt-I to replace current intermediate training for the entire state with timeline to affect this change for current emt-I and instructors. Ops team is reviewing the program concurrently.	II. Motion by Liebow, 2 <sup>nd</sup> by Kendall to approve enhanced EMT-I program for statewide adoption. Further discussion and vote: 6 in favor, 0 opposed.	II. Ops will continue to review – item is complete with regard to MDPB review.
III. EMT-I central access	III. Jane Chandler, RN/EMT-I not present to discuss EMTi access module. Discussion regarding proposal provided by Chandler. Components include: desire for online med control discussion prior to any access of central lines, removal of routine access clause on purple #2 of ems protocols, educational module for central line access	III. Motion by Smith, 2 <sup>nd</sup> by Liebow to include central line training module as an optional program for emt-p and emt-I, add medical control consult to purple #2, remove 2 <sup>nd</sup> clause of purple #2 (routine access) to indicate access should be considered for “immediate, life-threatening	III. Bradshaw and Burton will send out note to services and ED’s to indicate change. Subsequent revision of protocols will reflect change. Note to services will require some clarification.

	teaching should remain an “optional” module to compliment emti and emtp training.	situations”only. Further discussion and vote: 6 in favor, 0 opposed.	
<p>New Business</p> <p>I. PA Program in ems.</p> <p>II. Critical Care Transport Program</p> <p>III. Activation of LOM/involvement of medical</p>	<p>I. Program reviewed with Steve Diaz – this appears to be an extension of ems with PA provider to utilized PA as a provider to residences or out of hospital site. Discussion that this does not appear to be a need nor does there appear to be current need for PA integration into EMS practice.</p> <p>II. Presentation of program materials and questions/answers to program by R. Petrie and N. Dinerman. Discussion by MDPB members: issues of concern included scope of practice, skills maintenance (documentation provided at meeting). Related issue discussed whether presence of this program would raise standard of qualifications for critical transports wrt HCFA and medicare in state of Maine- it appears this cannot be determined given the current information available. AMR representatives have expressed interest in future program as well.</p> <p>III. Region 2 has adopted a “standing order” wrt trauma patients felt by providers to meet the trauma protocol criteria – these patients proceed at discretion of providers without</p>	<p>I. None.</p> <p>II. None – intention to vote on proposal at May 2000 meeting.</p> <p>III. None – resolution to consider this at May 2000 meeting with action options to</p>	<p>I. Diaz will disseminate information for review. Will await interest to review or act further on this issue.</p> <p>II. MDPB members and interested parties will pursue issues/further discussion prior to May 2000 meeting in preparation for vote at that time regarding the proposal.</p> <p>III. Item will be addressed and resolved at May 2000 meeting. MDPB members will</p>

control in trauma patient protocol for level I patients.	med control consultation (agreement of ED's in this area has achieved to this affect) – this occurs in cases where LOM is considered as well as ground transport. LOM has removed a physician in the request process for trauma patients at scene. Discussion regarding the purpose of med control involvement in these patients, regional authority for action (Brown 2), precedent this sets wrt to regional protocols relative to state protocols, complexity of regions wrt to hospitals/times/LZ training/etc, data to suggest delays insue as consequence of med control involvement.	include: 1. Region specific action with trauma protocol serving as the minimum requirement for all regions – standing order for exclusion of med control could be “next step” in certain regions (as is currently in place for region 2) 2. Re-evaluation of trauma protocol med control involvement.	consider options prior to this meeting and discuss within their regions with regional coordinators and/or ED's.
Protocols			
Other			
Tabled			
Next meeting 5/17/2000 (0930 - 1230)			